



November 24, 2020

Angie Luna, Director  
Professional Youth Quest  
515 E. 7<sup>th</sup> Street  
Douglas, AZ 85607

Dear Ms. Luna,

This is written notification of your on-site programmatic monitoring review for Professional Youth Quest (PYQ) by the Southeastern Arizona Local Workforce Development Board. The LWDB will be monitoring Title I-B In-school and out-of-school youth client files for the period July 1, 2020 to present.

Your on-site review will begin on Monday, December 14, at the Sierra Vista Job Center. You will be notified within 3 days of December 14 of the client files to be reviewed. The LWDB will be monitoring 10% of your clients whether open or exited during the time period referenced above.

On behalf of the Southeastern Workforce Development Board, thank you for the cooperation and assistance.

If you have any questions, please contact me at 520/439-3542 or my email at [vphelps@cpic-cas.org](mailto:vphelps@cpic-cas.org).

Sincerely,

*Vada J. Phelps*

Vada J. Phelps,  
Executive Director/Staff to the Board  
Southeastern Arizona Local Workforce  
Development Board  
900 Carmelita Drive  
Sierra Vista, AZ 85635



December 15, 2020

Angie Luna, Director  
Professional Youth Quest  
515 E. 7<sup>th</sup> Street  
Douglas, AZ 85607

Dear Ms. Luna,

The Southeastern Arizona Local Workforce Development Board conducted a programmatic monitoring review for Professional Youth Quest (PYQ) on December 14-15, 2020 for client files for the period July 1, 2020 to present.

Based on the review conducted, PYQ will be required to reply to the Finding-Observations by January 14, 2021.

Finding 1: Part ID: 1729444, Rebecca F: A copy of the social security for the client is not in the file.

Finding 2: Part ID: 1965350, Priscilla G: Assessment Scores not entered into AJC.

Finding 3: Part ID: 1786175, Harley V: Client information was not entered into AJC within 15 days of the first service date – actual 52 days to record in AJC.

Observations:

- 1) Documentation is required in client file for Measurable Skills Gains (MSG) entered into AJC.
- 2) WEX: Internships – did not see documentation in file for Contextual learning requirement for work experiences.

Per the Corrective Action Plan attached Findings 1-3 should be completed by January 14, 2021. Please forward documentation to Board that Findings have been resolved.

Sincerely,

*Vada J. Phelps*

Vada J. Phelps  
Executive Director/Staff to the Board  
Southeastern Arizona LWDB



**WIOA Title I-B Youth Program Case File Review:**

<b>Youth Policy 214.01 Registration, Enrollment and Data Entry</b>		<b>Monitor:</b> Choose an item.	
Participant Name:	Birth Date:	Participant ID:	
LWDA: Choose an item.		Eligibility Date: Click here to enter a date.	
Employment Status: Choose an item.		First Service Date: Click here to enter a date. Recorded within 15 days in AIC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Monitor/Review Date: Click here to enter a date.		Social Security Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Youth Policy 212 Eligibility Determination</b>			
<b>Eligibility – Basic Criteria</b>		<b>Comments, Source Documents:</b>	
<input type="checkbox"/> Age at registration 14-24, Birth date recorded in AIC <input type="checkbox"/> Yes <input type="checkbox"/> No Age: <input type="checkbox"/> Right to Work in USA, and <input type="checkbox"/> Selective Service Registration (male born on or after 1/1/1960)		Age properly documented in participant file and matches AIC? <input type="checkbox"/> Yes <input type="checkbox"/> No Source Document: U.S. Citizen/Eligible to work in U.S. properly documented in participant file and matches AIC? <input type="checkbox"/> Yes <input type="checkbox"/> No Source Document: Selective Service properly documented in participant file and matches AIC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Source Document:	
<b>Youth Policy 203.01 Youth Services</b>			
<b>Objective Assessment, Individual Service Strategy (ISS), Services</b>		<b>Assessments</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No Objective Assessment, basic, occupational skills, prior work experience, interests, aptitudes, support service needs. <input type="checkbox"/> Yes <input type="checkbox"/> No ISS (educational, employment goals, achievements, objectives and services, must be signed and dated to reflect changes).		Assessment Date: Click here to enter a date. Assessment Tools : Assessment Version: Choose an item. <input type="checkbox"/> Yes <input type="checkbox"/> No Basic Skill Deficient <input type="checkbox"/> Yes <input type="checkbox"/> No Test results recorded in AIC	
<b>Goals</b>			
Are goals identified in the ISS? <input type="checkbox"/> Yes <input type="checkbox"/> No Are goals recorded in AIC? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**WIOA Title I-B Youth Program Case File Review:**

<p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the ISS identify the appropriate training and educational activities?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Services concur with assessment and ISS</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does ISS coincide with case notes/services</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was a partner assessment used?</p> <p><b>Was a Career Pathway identified during the objective assessment?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Scale Scores:</b></p> <p>Reading: <input type="checkbox"/> Post Test Dates:</p> <p>Mathematics: <input type="checkbox"/> Post Test Dates:</p> <p>Language: <input type="checkbox"/> Post Test Dates:</p>
<p><b>Youth Services Provided and listed on the S &amp; T page in AJC</b></p> <p><input type="checkbox"/> Job Search</p> <p><input type="checkbox"/> Development of ISS</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Case Management</p> <p><input type="checkbox"/> Eligibility Determination</p>	





## WIOA Title I-B Youth Program Case File Review:

Eligibility-5% Non-low Income Exception	5% Needs Additional Assistance Criterion
<p><b><u>In-School Youth</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Basic Skills Deficient</li> <li><input type="checkbox"/> English Language Learner</li> <li><input type="checkbox"/> Offender</li> <li><input type="checkbox"/> Homeless</li> <li><input type="checkbox"/> Runaway</li> <li><input type="checkbox"/> In Foster care, aged out of foster care or 16 yrs and left foster care</li> <li><input type="checkbox"/> Eligible under sec. 477 of Social Security Act, or out-of-home placement</li> <li><input type="checkbox"/> Pregnant or parenting</li> <li><input type="checkbox"/> Youth with a disability</li> <li><input type="checkbox"/> Requires additional assistance to complete an educational program to secure or hold employment as defined by the LWDA</li> </ul> <p><b><u>Out-of-School-Youth</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Received high school diploma or equivalent, and is Basic skills deficient</li> <li>or <input type="checkbox"/> English language learner</li> <li><input type="checkbox"/> Requires additional assistance to enter an educational program or to secure employment.</li> </ul>	<p>Requires additional assistance to complete an educational program or to secure or hold employment.</p> <p>Is the 5% Criterion identified in the Local Plan?  <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation is acceptable</p> <p><u>Source:</u></p>





## WIOA Title I-B Youth Program Case File Review:

<b>Support Services Provided</b>			
<input type="checkbox"/> Child/Dependent Care <input type="checkbox"/> Transportation <input type="checkbox"/> Referrals to healthcare <input type="checkbox"/> Linkages to Community services <input type="checkbox"/> Training-related assistance/ books/ fees/ school supplies <input type="checkbox"/> Payments and fees related to employment and training-related applications, tests, and certifications	<input type="checkbox"/> Out of Area Job Search <input type="checkbox"/> Reasonable Accommodations for individuals with disabilities <input type="checkbox"/> Educational Testing assistance	<input type="checkbox"/> Work-related expenses (uniforms, appropriate work attire, and work-related tools and eyeglasses). <input type="checkbox"/> Needs-related payments <input type="checkbox"/> Housing/Utility bills <input type="checkbox"/> Other Support Services <input type="checkbox"/> Incentives and bonuses	
<b>Support Services Documentation:</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No Supportive Services are documented on the ISS <input type="checkbox"/> Yes <input type="checkbox"/> No Supportive Services are reported in AJC <input type="checkbox"/> Yes <input type="checkbox"/> No Supportive Services based on an assessment <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation validates the services are necessary in order to participate in WIOA Title I-B Youth Program services. <input type="checkbox"/> Yes <input type="checkbox"/> No Did the participant receive incentives? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the incentive included in the ISS?			
<b>Comments:</b>			
<b>Measurable Skill Gains</b>			
<input type="checkbox"/> Ed. Functional Level Date Set: Date Attained:	<input type="checkbox"/> Secondary Trans./ Report Card Date Set: Date Attained:	<input type="checkbox"/> Post-Secondary Trans./Report Card Date Set: Date Attained:	<input type="checkbox"/> Training Milestone Date Set: Date Attained:
<input type="checkbox"/> Skills Progression Date Set: Date Attained:			
<b>Documentation of Measurable Skill Gain in case file</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Was the type of measurable skill gain set appropriate based on the participant's level of education or type of training service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Documentation of Skill Gain in case file</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Educational Functional Level:</b> <input type="checkbox"/> Copies of the results of the same version of a pre-test and post-test approved by the National Reporting System that shows an increase of at least one EFL.			

## WIOA Title I-B Youth Program Case File Review:

<input type="checkbox"/> Documentation that states the participant exited below the secondary level and enrolled in postsecondary education or training <u>Secondary Diploma/HSE Attainment:</u> <input type="checkbox"/> Documentation of High school Diploma or State-recognized equivalent document completion of secondary diploma or an alternative diploma; or <input type="checkbox"/> Documentation participant obtained passing scores on all parts of the Arizona High School equivalency test <u>Secondary Transcript / Report Card:</u> <input type="checkbox"/> Copy of a secondary transcript/ report card that states the participant is meeting Arizona's academic standards. (The report card/ transcript must show that the participant received a D- or above in all classes <u>Postsecondary Transcript / Report Card:</u> <input type="checkbox"/> Copy of postsecondary transcript or reports showing a minimum of 12 hours per semester for full-time students, or a total of at least 12 hours over the course of two completed consecutive semesters during the program year for part-time students (or the equivalent for other than credit hour programs) <input type="checkbox"/> <u>Training Milestone:</u> <input type="checkbox"/> Documentation based on LWDA's methodology for measuring satisfactory or better progress towards established milestones based on the nature of the service provided from an employer or training provider providing training. (LWDAs must clearly define "progress" in LWDA policy and include types of acceptable types of documentation <u>Skills Progression:</u> <input type="checkbox"/> Documentation that the participant passes an employer-required knowledge based exam; <input type="checkbox"/> Documentation of satisfactory attainment of an element on an industry or occupational competency exam; or <input type="checkbox"/> Documentation that shows the participant successfully passed another test required to obtain the credential	
<b>Follow-Up Services (After Exit)</b>	
<input type="checkbox"/> Additional Assistance <input type="checkbox"/> Adult Mentoring <input type="checkbox"/> Career Development <input type="checkbox"/> Employer Contact <input type="checkbox"/> Employment Progress <input type="checkbox"/> Leadership Development	Is youth receiving follow-up services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA  Case Notes:



November 24, 2020

Vickie Simmons, Director  
CPIC, Inc., Community Services  
2600 E. Wilcox Drive, Room H-106  
Sierra Vista, AZ 85635

Dear Ms. Simmons,

This is written notification of your on-site programmatic monitoring review for CPIC, Inc., Community Services by the Southeastern Arizona Local Workforce Development Board. The LWDB will be monitoring Title I-B adult, dislocated worker, In-school and out-of-school youth client files for the period July 1, 2020 to present.

Your on-site review will begin on Wednesday, December 16, at the Sierra Vista Job Center. You will be notified within 3 days of December 16 of the client files to be reviewed. The LWDB will be monitoring 10% of your clients whether open or exited during the time period referenced above.

On behalf of the Southeastern Workforce Development Board, thank you for the cooperation and assistance.

If you have any questions, please contact me at 520/439-3542 or my email at [vphelps@cpic-cas.org](mailto:vphelps@cpic-cas.org).

Sincerely,

*Vada J. Phelps*

Vada J. Phelps,  
Executive Director/Staff to the Board  
Southeastern Arizona Local Workforce  
Development Board  
900 Carmelita Drive  
Sierra Vista, AZ 85635



December 23, 2020

Vickie Simmons, Director  
CPIC, Inc. Community Services  
2600 E Wilcox Drive, Room H-106  
Sierra Vista, AZ 85635

Dear Ms. Simmons,

The Southeastern Arizona Local Workforce Development Board conducted a programmatic monitoring review for CPIC, Inc. Community Services on December 17-22, 2020 for client files for the period July 1, 2020 to present.

Based on the review conducted, PYQ will be required to reply to the Finding-Observations by January 22, 2021.

Finding 1: Part ID: 1716321– Income not recorded in AJC

Finding 2: Part ID: 1705814 – Income not recorded in AJC

Finding 3: Part ID: 1958815 – MSG not recorded in AJC

Finding 4: Part ID: 1959191 – Test scores not entered in AJC

Finding 5: Part ID: 734204 – MSG not recorded in AJC

Observations:

- 1) Documentation is required in client file for Measurable Skills Gains (MSG) entered into AJC.
- 2) Measurable Skills Gain (MSG) categories – Ascertain Career Advisors are using correct categories.

Per the Corrective Action Plan attached Findings 1-5 should be completed by January 22, 2021. Please forward documentation to Board that Findings have been resolved.

Sincerely,  
*Vada J. Phelps*  
Vada J. Phelps  
Executive Director/Staff to the Board  
Southeastern Arizona LWDB



SOUTHEASTERN ARIZONA

Southeastern Arizona Local Workforce Development Board  
 Southeastern Arizona Local Workforce Development Board Monitoring Corrective  
 Action Plan

NAME OF ORGANIZATION: CPIC, Inc. Community Services – 12-23-2020 PROGRAM NAME: Adult, DW & Youth

**Findings:**

Action Steps	Responsible Lead	Start Date	Target Completion Date	Status
Part ID 1716321, Record Income in AJC	Anna L	12-23-2020	01-22-2021	Pending
Part ID 1705814 – Record Income in AJC	Anna L	12-23-2020	01-22-2021	Pending
Part ID 1958815 – Record MSG in AJC	Lisa L	12-23-2020	01-22-2021	Pending
Part ID 1959191 – No Test Scores entered into AJC	Lisa L	12-23-2020	01-22-2021	Pending
Part ID 734204 – Record MSG in AJC	Vickie S	12-23-2020	01-22-2021	Pending
<b>Observations:</b>				
Need documentation in file for Measurable Skills Gains (MSG)	All Career Advisors	12-23-2020	On-going	On-going - Pending
Measurable Skills Gains – make sure to use correct categories	All Career Advisors	12-23-2020	On-going	On-going - Pending

## WIOA Title I-B Adult and Dislocated Worker Programs Case File Review:

<b>LWDA:</b> Choose an item. <b>DATE:</b> Click here to enter a date.	<b>NTN TRIBE:</b> Choose an item.	<b>MONITOR:</b> Choose an item.
<b>I. PARTICIPANT DATA (WIOA Title I-B Title I 20 CFR 680.120 - 680.130 )- (WIOA Title I-B Policy Chapter 2-Section 104)</b>		
Participant's name:	Social Security Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Right To Work: <input type="checkbox"/> Yes <input type="checkbox"/> No
Part ID#:	Eligibility Date:	
DOB:	Selective Service Registered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
Documents Reviewed/Notes:		
<b>II. PRIORITY OF SERVICE ELIGIBILITY (WIOA 20 CFR 680.110-680.130)- (WIOA Title I-B Policy Chapter 2- Section 102 )</b>		
<b>ADULT:</b>		
Veteran Priority of Service: Choose an item. Adult Program Priority of Service Low Income Income Criteria: Disabled Family Income: ( 70% or LLSIL ): Income recorded in AJC <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Documents Reviewed:</u>  <u>Assessments:</u>	
<b>DISLOCATED WORKER</b>		
<b>Eligibility:</b>		
<b>Veteran Priority of Service:</b> Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Category I</b> Choose an item.  1.Verified terminated employment at no fault of their own; and 2. Choose an item.; and 3. Unlikely to return to previous industry or occupation.	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Category II:</b>  Type of layoff: Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Category III:</b> Self-employed but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disaster.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Category IV:</b> Choose an item.  Choose an item. <b>Date of Layoff:</b> Click here to enter a date. <b>Verification of Layoff:</b> Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Documents Reviewed:		
<b>III. BASIC CAREER SERVICES (WIOA 20 CFR 678.430 (a)) - (WIOA Title I-B Policy Chapter 2 Section 104 (A))</b>		

# WIOA Title I-B Adult and Dislocated Worker Programs Case File Review:

Are services provided identified in the IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> Outreach, Intake (RESEA) <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Labor Exchange services (Job search, Placement & Career counseling) <input type="checkbox"/> Referrals to & coordination of activities w/other programs & services.	<input type="checkbox"/> Labor Market information To include: Local, Regional & National. <input type="checkbox"/> Performance Info & Prgm cost on eligible providers of Training services by program & provider. <input type="checkbox"/> LWDA Performance Info.	<input type="checkbox"/> Info on Support Services <input type="checkbox"/> UI Info/Filing Claims <input type="checkbox"/> Financial Aid Assistance <input type="checkbox"/> Referral/Co-Enrollment
<b>IV. PARTNER CO-ENROLLMENTS</b>		
<input type="checkbox"/> Vocational Rehabilitation Services <input type="checkbox"/> Trade Adjustment Act <input type="checkbox"/> SNAP E&T <input type="checkbox"/> Programs under Second Chance Act	<input type="checkbox"/> Employment Services <input type="checkbox"/> TANF <input type="checkbox"/> Job Corp <input type="checkbox"/> MSFW	<input type="checkbox"/> Department of Education <input type="checkbox"/> Other Emp related programs <input type="checkbox"/> YouthBuild
Notes:		
<b>V. INDIVIDUALIZED SERVICES (WIOA 20 CFR 678.430 (b) – (WIOA Title I-B Policy Chapter 2 – Section 104 (B))</b>		
Are services provided identified in the IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No      Are services recorded in AJC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Comprehensive Assessments <input type="checkbox"/> Development of IEP <input type="checkbox"/> Individual/Group Counseling <input type="checkbox"/> Career Planning <input type="checkbox"/> Case Management <input type="checkbox"/> Short term Pre-vocational services	<input type="checkbox"/> WEX <input type="checkbox"/> Internship <input type="checkbox"/> Transitional Jobs <input type="checkbox"/> Workforce preparation activities	<input type="checkbox"/> Financial Literacy Service <input type="checkbox"/> Out of Area Job Search <input type="checkbox"/> English Language Acquisition /Integrated education.
Notes		
<b>VI. TRAINING SERVICES (WIOA 20 CFR 680. 200 – (WIOA Title I-B Policy Chapter 2-Section 502)</b>		
Training option identified in the IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Are services recorded in AJC? <input type="checkbox"/> Yes <input type="checkbox"/> No Are individuals determined eligible for training per WIOA Title I-B Section 502 Training Services Eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No Are they co-enrolled in training with other training funds and documented in case file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Occupational Skills Training <input type="checkbox"/> OJT <input type="checkbox"/> Incumbent Worker Training <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/> Training Programs offered by Private Sector	<input type="checkbox"/> Cooperative Edu <input type="checkbox"/> Skills Upgrading <input type="checkbox"/> Entrepreneurial Training <input type="checkbox"/> Customized Training	<input type="checkbox"/> Job Readiness offered in combination with another type of training. <input type="checkbox"/> Adult Education/Literacy Activities provided in combination with another type of training.



## WIOA Title I-B Adult and Dislocated Worker Programs Case File Review:

TRAINING SERVICES DOCUMENTATION					
Contract <input type="checkbox"/> Yes <input type="checkbox"/> No ITA <input type="checkbox"/> Yes <input type="checkbox"/> No ITA Amount: \$ _____ ITA LWDA <input type="checkbox"/> Yes <input type="checkbox"/> No What is the LWDA limit? \$ _____	For Work-Based Training:  Is there time sheets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was documentation on file of the recognized credential?  Date earned:			
<b>Coordination Of Funds:</b>  <input type="checkbox"/> Pell Grant <input type="checkbox"/> Out of Pocket <input type="checkbox"/> Employer <input type="checkbox"/> Partner Program <input type="checkbox"/> Student loan <input type="checkbox"/> Other Grant	<b>For Occupational Skills Training:</b>  Is the program listed on the ETPL? <input type="checkbox"/> Yes <input type="checkbox"/> No  Is the occupation in demand in the local area? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Type of Credential:</b> <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associates Degrees <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Educational Certificates <input type="checkbox"/> Registered Apprentice <input type="checkbox"/> Career & Technical Edu Certificates <input type="checkbox"/> Occupational licenses <input type="checkbox"/> Occupational Certification (Personnel certification)  Date receive: Click here to enter a date. Hard copy in file <input type="checkbox"/> Yes <input type="checkbox"/> No Proper documentation <input type="checkbox"/> Yes <input type="checkbox"/> No			
VII. SUPPORT SERVICES (WIOA Title I-B Policy Chapter 302)					
Did the participant gain unsubsidized employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Are support services provided identified in the IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the participant in career and/or training services? <input type="checkbox"/> Yes <input type="checkbox"/> No Are services recorded in AJC? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Child Care/ Dependent Care <input type="checkbox"/> Housing/Utility Assistance <input type="checkbox"/> Needs Related Payments <input type="checkbox"/> Educational Testing Assistance	<input type="checkbox"/> Legal Aide Services <input type="checkbox"/> Referrals to Healthcare <input type="checkbox"/> Work Related Expenses <input type="checkbox"/> Training Related Expenses	<input type="checkbox"/> Payments/fees for Employment/Training Related expenses <input type="checkbox"/> Accommodations/Disabilities <input type="checkbox"/> Linkages to Community Services <input type="checkbox"/> Transportation Assistance			
Notes:					
Additional Notes:					
Measurable Skill Gains WIOA Title I-B Training Services Chapter 2, Section 515					
Did the individual participate in an educational or training service? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Edu. Functional Level  Date Set: Date Attained:	<input type="checkbox"/> Secondary/HSE Attainment  Date Set: Date Attained:	<input type="checkbox"/> Post-Secondary Transcript/ Report Card  Date Set: Date Attained:	<input type="checkbox"/> Training Milestone  Date Set: Date Attained:	<input type="checkbox"/> Skills Progression  Date Set: Date Attained:	<input type="checkbox"/> Attainment  Date Set: Date Attained:
Was the type of measureable skill gain set appropriate based on the participant's level of education or type of training service? <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation of Skills Gain in case file <input type="checkbox"/> Yes <input type="checkbox"/> No					
Educational Functional Level					

## WIOA Title I-B Adult and Dislocated Worker Programs Case File Review:

- Copies of the results of the same version of a pre-test and post-test approved by the National Reporting System that shows an increase of at least one EFL
- Documentation that states the participant exited below the secondary level and enrolled in postsecondary education or training

### **Secondary Diploma/ HSE Attainment**

- Documentation that the participant obtained a High School Diploma/ state-recognized equivalent documenting completion of secondary studies or alternative diploma
- Documentation that the participant obtained passing scores on all 4 parts of the GED Test and the AZ Civics Test.

### **Secondary Transcript / Report Card:**

- Copy of a secondary transcript/ report card that states the participant is meeting Arizona's academic standards. (The report card/ transcript must show that the participant received a D- or above in all classes.)

### **Postsecondary Transcript / Report Card:**

- Copy of postsecondary transcript or reports showing a minimum of 12 hours per semester for full-time students, or a total of at least 12 hours over the course of two completed consecutive semesters during the program year for part-time students (or the equivalent for other than credit hour programs)
- Documentation that the participant passed an employer-required knowledge-based exam;
- Documentation of satisfactory attainment of an element on an industry or occupational competency exam; or
- Documentation that shows the participant successfully passed another test required to obtain the credential

### **Training Milestone**

- Documented progress report from an employer or training provider, including that the individual has acquired new skills, or steps to completed an On-the-Job training, or a registered apprenticeship;
- Documentation of an increase in pay based on newly acquired skills or increased performance;
- Documentation of completion of one year of an registered apprenticeship;
- Documentation of completion of an On-the-Job Training; or
- Documentation of satisfactory progress towards a similar established milestone. (LWDAs must clearly define "progress" in LWDA policy and include types of acceptable types of documentation.)

### **Skills Progression**

- Documentation that the participant passes an employer-required knowledge based exam;
- Documentation of satisfactory attainment of an element on an industry or occupational competency exam; or
- Documentation that shows the participant successfully passed another test required to obtain the credential

### **Follow-Up Services (After Exit)**

- Additional Assistance with career planning and career counseling
- Information on Educational Opportunities
- Referral to Supportive Services in the Community
- Employer Contact
- Employment Progress

**ONE-STOP OPERATOR  
 MONITORING TOOL**

Effectiveness

Areas	Objectives	Measurement		Timeline		Resources		Comments
		Yes	No	Current	Future	Yes	No	
System Partner Coordination	Monitor all System Partner Memorandums of Understanding	✓				✓		By Zoom ↓ e-mails
	Co-ordinate training	✓				✓		Weekly Zoom
	Schedule and staff quarterly System Partner meetings	✓				✓		Zoom
	Ensure logos and branding are used correctly	✓				✓		e-mail

Continuous Improvement

Item	Objective	Yes	No	Given	Future	Yes	No	Comments
Continuous Improvement Efforts	Administer Customer satisfaction surveys							Due to COVID not doing
	Administer event participant survey for recruitments and other in person events							
	Conduct at least one customer focus group							
	Research best practices and make recommendations							



Administrative - General	Objective	Direct Funding			Indirect Funding		Comments	
		Yes	No	Current	Funding	Yes		No
Comply with the Uniform Administrative Requirements	Comply with WIOA's funding requirements	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	OR make lease
		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	See Kelly =
		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	OR materials
Utilize the Branding		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	

Requirements	Objective	Measurement		Frequency		Compliance		Comments
Administrative Issues: Records	Maintain confidentiality	Yes	No	Current	Future	Yes	No	Sign statement
	Invoice in accordance with payment information	✓						Invoices DE Paid

Issues	Objectives	Current		Future		Performance		Comments
		Yes	No	Current	Future	Yes	No	
DOL Training and Employment Guidance letter	Disclose any potential conflicts of interest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	None needed
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monitor w/ H&W correspondence
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	yes
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Reporting Requirements	Objective	Met	Not Met	Current	Future	Met	Not Met	Comments
Communicate with system partners with updates as needed		<input checked="" type="checkbox"/>						Via zoom & email
Attend LWDB board meetings		<input checked="" type="checkbox"/>						on zoom
Submit written reports		<input checked="" type="checkbox"/>						in board packets
Other information requested		<input checked="" type="checkbox"/>						none requested at this time

*By: Nade Phelps*

*9-2-2022*